

Producer Licensing Bureau - Education Section
320 CAPITOL MALL
SACRAMENTO, CA 95814-4309
Information (916) 492-3064 - www.insurance.ca.gov

Important: This form must be submitted to the California Department of Insurance (CDI) within **10** days following the completion of the prelicensing course and **30** days following the completion of the continuing education course. Late rosters may not be accepted. *Items marked with an asterisk (*) are not required for non-contact courses.*

Pre-licensing Course: ☐ Continuing Education Course: ☐
Contact course: ☐ Non-Contact course: ☐ Combination Course: ☐
Provider ID #: _____ Provider Name: _____
Course ID #: _____ Credit Hours: _____ Course Name: _____
*Course Start Date: _____ *Beginning Time: _____ *End Time: _____ Completion Date: _____
Military time (i.e. 1300 = 1:00 P.M.)
*Class location: _____, _____
Street Address Suite/Room
City State Zip Code

The CDI requests disclosure of a student's social security number pursuant to Insurance Code Sections 1749, 1749.2, 1749.3, 1749.4, 1749.5, 1749.7, and California Code of Regulations, Title 10, Chapter 5, Section 2188.8(b)(1). This information is requested so that the CDI can properly identify and assign credit to students who have completed prelicensing or continuing education courses. While a student's disclosure of his or her social security number here is not mandatory, any failure to provide this information may delay or otherwise impede the CDI in assigning credit for the completion of such courses to the appropriate students.

ALL ENTRIES MUST BE TYPED.

#	Social Security Number	Licensee Name: Last, First M.I.	Individual License #
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Please use backside for additional names.

Certification

I have reviewed this Provider Roster and the associated Course Attendance Records or examination information and certify to the best of my knowledge that the individuals listed here meet the requirements for credit.

Original signature of Provider Director _____ Date _____ Phone _____

Printed Name of Provider Director _____

PROVIDER ROSTER (continued)

All entries must be typed.

#	Social Security Number	Licensee Name: Last, First M.I.	Individual License #
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